2016 SEP -7 AM 8: 17

September 1, 2016

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization-Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Mark C. Bayly, Treasurer

2046 · 09 · 07 · 08 · 00098171

FEC FORM 1

Only

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CEITER

2016 SEP -7 AM 8: 17 Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
GiriasisiRiouitie	PIRICIIIII				
ADDRESS (number and street)	21011 Mangan21	inne Sitirleleiti			
(Check if address is changed)	Umit 405				
	CITY A		STATE A ZIP CODE A		
COMMITTEE'S E-MAIL ADDRE	ss		•		
(Check if address is changed)		, ,	-1¢101m		
	Optional Second E-Mail Add	dress			
COMMITTEE'S WEB PAGE ADI	lgiriaisisirioimisi	leipiaici.ioirigi i			
2. DATE 0 9 0	1 2016				
3. FEC IDENTIFICATION N	UMBER ▶ C	nternetischer State (1940) Bereiter (1966)			
4. IS THIS STATEMENT V	NEW (N) OR	AMENDED (A)			
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete.		
Type or Print Name of Treasure	Mark C. Ba	'y'y			
Signature of Treasurer	288		Date 0 9 0 1 2 0 1 6		
NOTE: Submission of false, erron		may subject the person signing the TION SHOULD. BE REPORTED W	nis Statement to the penalties of 52 U.S.C. §30109 VITHIN 10 DAYS.		
Office Use		For further information of Federal Election Commission Toll Free 800-424-9530			

Toll Free 800-424-9530

Local 202-694-1100

F	FEC Fo	orm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	COMMITTEE	
Can	didate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.)	e the candidate
Name Gand	•		
Cand Party	lidate Affiliat	Office tion Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Parl	ty Cor	mmittee:	
(d)			mocratic, publican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a
		Corporation Corporation w/o Capital Stock L	abor Organization
		Membership Organization Trade Association C	ooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	gated fund or party		
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	18 - Million II - and agrico sa story a process industry - agric 1887 a. s.
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)	. :	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	nmittees Participating in Joint Fundraiser	
			• . • . • •
	1.		
	2.	FEC ID number	
	3.	FEC ID number C	
	4.		

FEC Form 1 (Revised	02/2009)	Page 3			
Write or Type Committee Nam	e				
6. Nâme of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leaders	hip PAC Sponsor			
None					
Mailing Address	N				
		1 - 1 1			
	CITY STATE	ZIP. CODE			
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative	adership PAG Sponsor			
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the person in pos	session of committee			
Full Name Mari	K Chiriisitioipinicia Biayiliyi I I I I I I				
Mailing Address 2011 Majajajajajine Sitirieleiti 1111 1					
	Umit 141015111111111111111111				
	New Orlicianis	لـــا-لعد			
Title or Position	CITY STATE	ZIP CODE			
Tirelaisluirieir	Telephone number 5,0,4-3	1415 - 1918718			
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of			
Full Name of Treasurer Marian	KI ICIPISIFIOIBINISISI BIOIDINIA III IIIIIIIIIIIIIIIIIIIIIIIIIIIII				
Mailing Address	21011 Magazinel Street 1 1 1				
U ₁ ~ 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1					
	MICIWI 10 1/1 1/1 LIA 7/0/1 CITY STATE	ZIP CODE			
Title or Position		.u. <u>el</u> 9			
Tirielaisluirieiri	Telephone number (51014) ~ [3	45-91878			

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CITY

NICIO 1017 ILCIAINISI

LA

ZIP CODE

STATE

Mailing Address

Mark Bayly

New Orleans, LA

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Washington, D.C. E Street, N.V.

Federal Election

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No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Ne	ext Business Day Delivery			
Received from House Records & Registration C	Date of Receipt Office			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
	9/7/16			
PREPARER	DATE PREPARED			

(3/2015)